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**TELEFAX**

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|                                |                                       |                              |
|--------------------------------|---------------------------------------|------------------------------|
| <b>Date:</b> December 23, 2005 | <b>Total pages:</b> 28                |                              |
| <b>To:</b> U.S. Patent Office  | <b>Telephone:</b>                     | <b>Telefax:</b> 571 273 8300 |
| <b>From:</b> Patrea L. Pabst   | <b>Telephone:</b> 404-879-2151        | <b>Telefax:</b> 404-879-2160 |
| <b>Our Docket No.</b>          | <b>Client/Matter No.</b> 084647-00004 |                              |
| <b>Your Docket No.</b> EBL102  |                                       |                              |

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**MESSAGE:**

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

**Appellant:** Abraham J. Domb and Joseph S. Wolnerman

**Serial No.:** 10/083,413 **Art Unit:** 1655

**Filed:** February 27, 2002 **Examiner:** Flood, Michele C.

**For:** *ABSORBABLE SOLID COMPOSITIONS FOR TOPICAL TREATMENT OF  
ORAL MUCOSAL DISORDERS*

Amendment and Response  
Two Enclosures  
Transmittal Form PTO/SB/21  
Fee Transmittal Form PTO/SB/17

(43048280.1)

DEC 23 2005

PTO/SJ/21 (09-04)

Approved for use through 07/31/2006 OMB 0501-0031  
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**TRANSMITTAL  
FORM**

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

3

Application Number 10/083,413

Filing Date February 27, 2002

First Named Inventor Abraham J. Dornb et al.

Art Unit 1654

Examiner Name Michele C. Flood

Attorney Docket Number EBL 102

**ENCLOSURES (Check all that apply)**

|   |   |  |
|---|---|--|
| <input checked="" type="checkbox"/> Fee Transmittal Form                  | <input type="checkbox"/> Drawing(s)                                       | <input type="checkbox"/> After Allowance Communication to TC                                       |
| <input type="checkbox"/> Fee Attached                                     | <input type="checkbox"/> Licensing-related Papers                         | <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences                |
| <input checked="" type="checkbox"/> Amendment/Reply                       | <input type="checkbox"/> Petition   | <input checked="" type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) |
| <input type="checkbox"/> Alter Final                                      | <input type="checkbox"/> Petition to Convert to a Provisional Application | <input type="checkbox"/> Proprietary Information   |
| <input type="checkbox"/> Affidavits/declaration(s)                        | <input type="checkbox"/> Power of Attorney, Revocation                    | <input type="checkbox"/> Status Letter   |
| <input type="checkbox"/> Extension of Time Request                        | <input type="checkbox"/> Change of Correspondence Address                 | <input type="checkbox"/> Other Enclosure(s) (please identify below)                                |
| <input type="checkbox"/> Express Abandonment Request                      | <input type="checkbox"/> Terminal Disclaimer                              |  |
| <input type="checkbox"/> Information Disclosure Statement                 | <input type="checkbox"/> Request for Refund                               |  |
| <input type="checkbox"/> Certified Copy of Priority Document(s)           | <input type="checkbox"/> CD, Number of CD(s) _____                        |  |
| <input type="checkbox"/> Reply to Missing Parts/Incomplete Application    | <input type="checkbox"/> Landscape Table on CD                            |  |
| <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53 | <b>Remarks</b>  |  |

**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

|              |                        |        |  |
|--------------|------------------------|--------|--|
| Firm Name    | Pabst Patent Group LLP |        |  |
| Signature    |                        |        |  |
| Printed name | Patrea L. Pabst        |        |  |
| Date         | Reg. No.               | 31,284 |  |

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I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:

|                       |                 |      |            |
|-----------------------|-----------------|------|------------|
| Signature             |                 | Date | 12/23/2005 |
| Typed or printed name | Patrea L. Pabst |      |            |

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FILL OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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EBL 102 / 084647-00004

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PTO FORM 17 (12-04)

Effective on 12/01/2004

Issued pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818)

**FEE TRANSMITTAL**  
**For FY 2005**☒ Applicant claims small entity status See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$)

**Complete if Known**

|                      |                        |
|----------------------|------------------------|
| Application Number   | 10/083,413             |
| Filing Date          | February 27, 2002      |
| First Named Inventor | Abraham J. Domb et al. |
| Examiner Name        | Michelle C. Flood      |
| Art Unit             | 1654                   |
| Attorney Docket No.  | ERI. 102               |

**METHOD OF PAYMENT (check all that apply)**

- ☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify):
- ☒ Deposit Account Deposit Account Number: 50-3129 Deposit Account Name: Pabst Patent Group LLP
- For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)
- ☒ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee
- ☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments

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**FEE CALCULATION****1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

| Application Type | FILING FEES |                       | SEARCH FEES |                       | EXAMINATION FEES |                       | Fees Paid (\$) |
|------------------|-------------|-----------------------|-------------|-----------------------|------------------|-----------------------|----------------|
|                  | Fee (\$)    | Small Entity Fee (\$) | Fee (\$)    | Small Entity Fee (\$) | Fee (\$)         | Small Entity Fee (\$) |                |
| Utility          | 300         | 150                   | 500         | 250                   | 200              | 100                   |                |
| Design           | 200         | 100                   | 100         | 50                    | 130              | 65                    |                |
| Plant            | 200         | 100                   | 300         | 150                   | 160              | 80                    |                |
| Reissue          | 300         | 150                   | 500         | 250                   | 600              | 300                   |                |
| Provisional      | 200         | 100                   | 0           | 0                     | 0                | 0                     |                |

**2. EXCESS CLAIM FEES**

| Fee Description   | Fee (\$) | Small Entity Fee (\$) |
|---|----------|-----------------------|
| Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent            | 50       | 25                    |
| Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent | 200      | 100                   |
| Multiple dependent claims   | 360      | 180                   |

| Total Claims  | Extra Claims | Fee (\$) | Fee Paid (\$) | Multiple Dependent Claims | Fee (\$) | Fee Paid (\$) |
|---|--------------|----------|---------------|---------------------------|----------|---------------|
| 4 - 27 or HP =  | x            | =        |               |                           |          |               |
| HP = highest number of total claims paid for, if greater than 20      |              |          |               |                           |          |               |
| Indep. Claims   | Extra Claims | Fee (\$) | Fee Paid (\$) |                           |          |               |
| 1 - 3 or HP =   | 0            | x        | =             |                           |          |               |
| HP = highest number of independent claims paid for, if greater than 3 |              |          |               |                           |          |               |

**3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

| Total Sheets | Extra Sheets | Number of each additional 50 or fraction thereof | Fee (\$) | Fee Paid (\$) |
|--------------|--------------|--|----------|---------------|
| - 100 =      | / 50 =       | (round up to a whole number) x                   |          |               |

**4. OTHER FEE(S)**

Non-Et: \$130 fee (no small entity discount)

Other:

Fees Paid (\$)

|  |  |                                |                                 |
|--|--|--------------------------------|---------------------------------|
| <b>SUBMITTED BY</b>                      |  | <b>Registration No.</b> 31,284 | <b>Telephone</b> (404) 879-2151 |
| <b>Signature</b>                         |  | <b>(Attorney/Agent)</b>        |                                 |
| <b>Name (Print/Type)</b> Patrea L. Pabst |  | <b>Date</b> 12/23/2005         |                                 |

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Filed: February 27, 2002 Examiner: Flood, Michele C.

For: *ABSORBABLE SOLID COMPOSITIONS FOR TOPICAL TREATMENT OF  
ORAL MUCOSAL DISORDERS*

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

**AMENDMENT AND RESPONSE**

Sir:

Responsive to the Office Action mailed September 23, 2005, please amend the application as follows and consider the following remarks. It is believed that no fee is required with this submission. However, should an additional fee be required, the Commissioner is hereby authorized to charge the fee to Deposit Account No. 50-3129.

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